



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 20160609454
 Date Received: JAN 05 2016
 Date Due: 2-19-16
 Grievance Code: 608
 Investigator ID #: I1016
 Extension Date: _____
 Date Retd to Offender: FEB 19 2016

Offender Name: CARLAND W. BALLENTINE III TDCJ # 17267824
 Unit: C66 Lewis ECB Housing Assignment: G-203 ECB
 Unit where incident occurred: C66 Lewis ECB

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I've spoke with HANSON - WILLS, When? Multiple Times

What was their response? Up to Tdcj & I need treatment.

What action was taken? Nothing. Several told me it cost - but they NOT going on record SAYING IT.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

THE AMERICAN ASSOCIATION FOR STUDY OF LIVER DISEASES AND Infectious -
DISEASES Society of America. "Medical Experts" recommended every-
one with HCV Hep C CAN BENEFIT from Hep C Treatment, esp
with new drugs. Those of us currently incarcerated are being
Denied The Right to effective medical care. I happen to
fit criteria for treatment. Thus Denying me treatment is medical
Negligence. "Neglect on Tdcj medical staff" I can prove that
I've underwent medical procedures in "2011" Under Impression I
was doing FKG, Chest Xray, 13 vials of blood, Almost passed out.
Multiple labs - All IN VAN. Once Drug companies received drugs
undered. They lowered the cost. As long as Tdcj could afford it -
we was receiving treatment. Now they can't afford being
Denied. There's no medical reason for refusing care.
I'm requesting this be remedied. Failure to do so would
be Deliberate Indifference to a serious medical need.

Even Mrs JALICE L HANSON NP - has informed me several
times I need treatment, my enzyme levels are too high - that I
fit criteria & should've done rec. treatment long time ago. I have
constant stomach pain, Liver is inflamed putting pressure on
my lungs, sterolem, Heart my T-Lo decreasing to get stress
test on heart, to see a stomach specialist all go ignored.
Prockon they do in Texh - Never being documented - cause they
have NO answers or justification for NOT getting me treatment - FACTS

JAN 05 2016

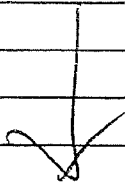
"Need Step 2"

If costs down to \$50, Denied the right to effective medical care,

REFER TO PROFESSIONAL STANDARDS, please,

N/A

JAN 05 2016



Action Requested to resolve your Complaint.

To Receive HCV Hep C Treatment, Stomach Specialist, I have a serious medical issue with my liver's stomach.

Offender Signature: Garland W. Bollenhall III

Date: 1-3-16

Grievance Response:

Review of your medical record does not support your grievance allegation. According to your medical record you had a Hep C specialty clinic appointment scheduled for DMS on 1/25/16 and you refused the appointment. You have since been re-referred back to Hep C Specialty Clinic to continue treatment. The MSRS appointment screen indicates your next Hep C specialty clinic appointment is late May 2016. You are encouraged to attend all future scheduled Hep C clinic appointments.

Kent Dickerson, Practice Manager

Signature Authority:

FEB 19 2016

Date:

2-18-16

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

the procedure on Refusal is a Refusal Signed = NOT here can't be -
Show Refusal IF SO *

Appendix F



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2015012840
 Date Received: SEP 22 2014
 Date Due: 9-22-14
 Grievance Code: 1008
 Investigator ID #: 1-10110
 Extension Date: _____
 Date Retd to Offender: SEP 30 2014

Offender Name: GARLAND W. BALENTINE III TDCJ # 1567826
 Unit: Cobb Lewis H15 ECR Housing Assignment: K-201
 Unit where incident occurred: Cobb Lewis H15

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I've sent in numerous "I-605" to medical When? 9-15-14

What was their response? I'd be put in to see DR, due to pain in STOMACHE AREA,

What action was taken? "NONE" CONTINUED ISSUE WITH STOMACHE PAIN

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I've Requested to see A STOMACHE "SPECIALIST" due to several factors,
 1.) I've been telling DR HANSON's DOWNHILL both along with LIVER SPECIALIST
 Due to my Hep C, my STOMACHE HURTS SO BAD - IT'S HARD TO BREATHE AT
 TIMES. The PAIN IS IN CENTER OF my LUNGS - FEEL IT ALL WAY TO
 MY SPINE.; 2.) HANSON has continued to give Gas pills - "don't WORK"
 Some other Stomache pill - "don't WORK" 3.) I've been getting light headed
 just cleaning water up off floor after shower. 4.) My fear is that
 I have A Tumor In my Liver or Stomach, my Stomache has A Knot
 like Right on my diaphragm, which is hard to feel if handCuffed
 behind my back, laying down, I feel I'm NOT getting Adequate
 medical Attention, Am Requesting to be physically seen by
 LIVER SPECIALIST & OR STOMACHE DR. THANKS

We do NOT even get Jay Ins to notify us were to be seen by DR,
 so when escorts show up & your lights off or asleep - They V.R.
 ya - With you having Nausea V.R. or filled out A Refusal.

Is it possible to see A copy of this step one & your Response??

The Acid coming up - Has caused my tongue to turn white,
 Taste buds ARE Messed up, I'm NOT sure what's going on
 here people - but something's NOT Right With All this stuff.

I'm No DR, Yet I know my body & I've worked all my life -
 NO Way should I be about to pass out dizzy spells Etc, just cleaning up water.

SEP 22 2014

SEP 22 2014

Action Requested to resolve your Complaint.

Need to get "MRI" ON Stomache AREA OR
 At least given app to see A SPECIALIST IN THIS AREA

Offender Signature:

CARL W. BALLEWINE JR

Date:

9-18-14

Grievance Response:

Review of the Medication Compliance Screen does not support your allegation. Medical received a sick call request from you regarding your stomach on 9/12/14, prior to that date the last documented sick call request received from you was on 6/23/14 regarding sore throat and blood work. You were evaluated by nursing from your September sick call request on 09/13/14 and referred to the provider. The medical record reveals you refused to be escorted to medical on 9/16/14. Medical received a sick call regarding your stomach from you on 9/18/14 requesting to be scheduled and you once again refused the appointment scheduled for you. You were evaluated by M. Pickthall on 9/9/14 regarding your HEPC and reported to the specialist that you were "having some relief from stomach discomfort by taking Prilosec". You are within your rights to refuse appointments scheduled for you, however doing so does affect your treatment. You are encouraged to submit a sick call request to be seen if you require further treatment and to keep all appointments scheduled for you.

Signature Authority:

Kent Dickerson, Practice Manager

Date:

SEP 30 2014

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

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- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

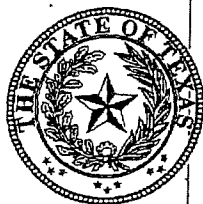
Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

I-120 Attached.



Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Carliand W. Bailettine III TDCJ # 1567826
 Unit: Colb Lewis HIS Housing Assignment: K-201 ECB
 Unit where incident occurred: Colb Lewis HIS ECB

OFFICE USE ONLY	
Grievance #: <u>2015012840</u>	
UGI Recd Date: <u>OCT 07 2014</u>	
HQ Recd Date: <u>OCT 13 2014</u>	
Date Due: <u>11/21</u>	
Grievance Code: <u>608</u>	
Investigator ID#: <u>702</u>	
Extension Date: _____	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

"It's Fake" It's Forgery of State/COV Paper Work. For ONE I've NOT Refused NO Treatment, If so provide A Refusal With my Handwriting OR will ya have one of these COVERT STAFF JUST LIE ABOUT I Reported To Liver Specialist - my Stomache hurt Bad - She WAS Thinking of doing Ultra Sound but seen I had one done "2 yrs Ago". The per/osec is NO longer being given to me. Nurses "Do NOT give to me" NOR do They Come to my door - You might WANT to look INTO your ASSUMPTIONS OR Order A Blood Test to prove I NO longer Take it, Colb Lewis ECB Does NOT Hand Out Jay Ins; We have NO Knowledge of Such DR Appoin- tment ETC. They show up & leave" ESP. if ya Asleep Like Today 10-4/4 Showed up T.O. in morning - I'd been up ALL Night, Having NO Idea. I WAS due to see A DR ON A SAT. OR Sick call ETC waited All week, You people do this stuff on purpose, I'm telling you, I have A "Tumor" In my Stomache Area or A Hernia High - I Need To see A Specialist or DR with Some Experience or Knowledge, Hard to keep Appointments - what IN fact ONE has 0 Knowledge of said Appointments till it's too late. "planned" process; Costly, People dying over here, Livers blowing up, people taking their life, Can't get NO Med. Help, NO help out of TOCT, NO help on Step 1 or Step 2, I caught Hep C on jayhous in 2005, yet TOCT

COPY

will NOT over treat it, I just pray it's NOT bad To Turne now! die
to Neglect from you? N/A

Offender Signature: Garland W. Ballentine II

Date: 10-4-14

Grievance Response:

In your Step 1 medical grievance, you stated you have denied medical treatment for stomach and liver pain. You are requesting to see a liver or stomach specialist.

Review of the medical record reveals documentation that supports the response at Step 1. It is within your right to refuse any treatment that is ordered for your, however it is within your best interest to participate in your own treatment plan by attending all scheduled appointments and taking all medications as ordered. All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. Although you may request to be evaluated, you are not afforded the choice of which provider will see you, it is dependable on which provider is available at your unit of assignment during the time you are seeking evaluation. Documentation in the medical record shows that you have been afforded access to care. You may submit a Sick Call Request if you feel that your condition warrants further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 12.23.14

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Texas Department of Criminal Justice



STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2016103754

MAR 09 2016

Date Received: _____

Date Due: 4-23-16

Grievance Code: 628

Investigator ID #: I1016

Extension Date: _____

Date Retd to Offender: APR 22 2016

Offender Name: Glennard Ballentine TDCJ # 1567826Unit: Cobb Lewis ECJ Housing Assignment: G-203Unit where incident occurred: Cobb Lewis ECJ

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Spencer to Hanson & Willis When? Multiple TimesWhat was their response? Hanson told me I needed treatment; I felt certainWhat action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I WANT TO KNOW WHO EXACTLY IS RESPONSIBLE FOR DENYING ME Hep C treatment!? Specific Names, I felt certain my enzyme count is beyond 298 with anything being over 150. I'm extremely tired all time, pain in my mid stomach to where I feel a tumor or knot in my stomach people - NOT ONE time have I denied medical treatment. You can't provide me a Refusal I signed - THAT'S NOT TRUE @ ALL HEAT DICKERSON. FALSE! After all I said I've put in - GRIEVANCES - NOT ONE time has your medical staff done it due diligence to come to my door to verify any such Refusals etc. Now you have taken to ignoring my fears concerning my Hep C, Don't pretend them that do I get scared concerning my complaints. Rockers disregard to my Health, I've put I too in to obtain my medical records to NO avail, Seeking A CAT scan on my stomach area or to physically see A Liver specialist to where they can feel my stomach's like knot I have - that you can't do on NO DMS screen. I'm chronic care for A Reason, I'm telling ya I have A Tumor growing in my stomach or liver, need to be seen, MAR 09 2016

N/A

MAR 09 2016

Action Requested to resolve your Complaint.

To have CAT SCAN OR See Liver specialist

In person to where they can feel my liver & USTT

Offender Signature: Gerald Bollen

Date: 3-7-16

Grievance Response:

Review of your medical record reflects you are being seen by HEP C specialist and no one is denying you treatment. An email is being sent to the HEP C specialist asking for clarification on the treatment plan. You will receive additional correspondence soon advising of the status of your future treatment plan. Submit a sick call request in the meantime if you need medication for pain or discomfort.

Kent Dickerson, Practice Manager

Signature Authority:

Kent Dickerson

Date: 4-22-16

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
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- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: GARLAND BALLENTINE III TDCJ # 1567826Unit: MCLONNELL Housing Assignment: B-83 12 build.Unit where incident occurred: MCLONNELL 12 Build

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? LAW LIBRARY FEB 07 2018 When? 2-06-18What was their response? Write I-go To C. MooreWhat action was taken? NONE FEB 07 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

FEB 07 2018

ON Aug 10, 2017. I had law library clerk OFFICER I believe Named BRADY SKROBACEK. "Being 6 months" HUNTSVILLE ACCOUNT TRANSACTION - plus he entered my CELL while I WAS ON REC Used He Retrieved my WRIT envelope which had my 1983 COMPLAINT, Motion to proceed Informa Proper, Motion OF Counsel, Medical Records, Medical Certificates AND Multiple Medical I-eds. To Validate my CLAIMS of medical Deliberate Indifference. Tve Not Received anything from Courts Such as Civil #. I Asked this dude multiple Times if he's 100% Sure he mailed off my stuff He claimed it takes MONTHS to hear back. So I had my Mother CONTACT Sheryl pounds DIST CLERK FOR TYLER County Woodville TX. Clerk informs MORT- Tve Courts Never Received Anything From here In my name. This means He 1.) Has obstructed my Access To Courts - Violating my Const's Amend Rights obstructed my Access To Redress my Grievance To Courts. FEB 07 2018 By stealing, mishandling my 1983 COMPLAINT, which has my Confidential Medical Records ENCLOSED. It had correct postage - Never was Returned To Sender. I WANT THE D.A. OF B. County ADVISED A "CRIME" OF THEFT AND VIOLATION OF STORAGE OF MEDICAL FILES HAS BEEN COMMITTED. I do WANT To press Charges!! I've begged to REC Treatment for Hep C. I have A Serious Medical Need. To have Knowledge OF Such, deny, delay Treatment is A deliberate Indifference. To live w/disease daily w/side effects Const CRUEL

FEB 07 2018

"Denied" Right to file Step 1 - Much less A Step 2.
Did file once tho.

Hep-C which does cause Irreparable harm - Tilot Nurse just passed out Pamphlet with "Notice" Hep C Untreated Causes Death "Liver Cancer" Multiple side effects.

FEB 07 2018

FEB 07 2018

Action Requested to resolve your Complaint.

I'm Able To Contact Authority^s To Report This "Crime" Warden to pull me out concerning Hep C treatment 3 Tilot of 1983 -

Offender Signature: *David Ballesteros* FEB 07 2018

Date: *2-6-18*

Grievance Response:

Signature Authority: _____ Date: _____
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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- ☐ 11. Inappropriate. *

UGI Unit Name/Signature: *C. Cardenas*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: <i>ce</i>
Grievance #:	<i>2018083635</i>
Screening Criteria Used:	<i>894#1</i>
Date Recd from Offender:	<i>FEB 07 2018</i>
Date Returned to Offender:	<i>FEB 07 2018</i>
2nd Submission	
Grievance #:	UGI Initials: _____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3rd Submission	
Grievance #:	UGI Initials: _____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: Carland Ballentine TDCJ # 1567826 12E46
 Unit: McLONNEN Housing Assignment: 12-E-46 12E-46
 Unit where incident occurred: Darlington Med Chain

OFFICE USE ONLY

Grievance #: 2017155882
 Date Received: 6-16-17
 Date Due: 7-26-17
 Grievance Code: 506
 Investigator ID #: JH 4950 2254
 Extension Date: _____
 Date Retd to Offender: JUL 14 2017
AUG 03 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Block Boss SGT. JUNE 5th 2017 When? 6-5-17

What was their response? I'm ONLY There Over Night

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I Went ON Medical Chain 6-5-17, ONCE I got To Darlington Unit. I'm Housed In D-117 CELL. A level 3 Block, Living Next Door to A level 3. The Cell had NO Running Water What So ever And MAN had to get NO WATER To Drink from Dido next door to me which Cameras Will Verify. The Cell had Gas All over it, So I Spent The Night In A Cell With Gas All over me NO WATER To Wash With. Buried All Night, WAS Refused To be Moved. Then To Top it Off, I went All The way To Estelle Unit For Nothing They didn't even Examine me or do any Oral Surgery. I would hate To Think I was done like this on purpose, To deter me from going on Medical Chain in future. I've spoken With Several Inmates whom to be under same Impression. Tdcj Allows us To be Housed on Level 3- Knowing They expose us To Gas - Buried up Gas - That Are Un-Clean. All To prevent us from wanting to Go on Chain. As A Tactic What other explanation Was for me To decy Go ON Chain Other than To Induce (Pret- Unwarranted) punishment- That I want them??

Tactics used to deter us from wanting to Go ON med Chain Appendix F

Action Requested to resolve your Complaint.

THAT MCCORMICK address Discontinuation of Housing
Those of us on Med. CHAN in Housing w/ NO WATER & GAS. (Housing is not ours)

Offender Signature: Jordan Berntsen

Date: 6-14-17

Grievance Response:

Your grievance was investigated, There was no evidence to substantiate the allegation, maintenance has verified that the cell has running water. No further action

Assistant Warden Jerry Sanchez

Signature Authority: [Signature]

Date: 6-30-17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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UGI Printed Name/Signature: _____

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Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

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2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

NOV 10 2017



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Carland Ballentine TDCJ # 1807826
 Unit: McConnell Unit Housing Assignment: E-1346 cell
 Unit where incident occurred: Darrington

OFFICE USE ONLY

Grievance #: 2017155882
 UGI Recd Date: AUG 08 2017
 HQ Recd Date: AUG 14 2017
 Date Due: 9-17
 Grievance Code: 506
 Investigator ID#: 1173
 Extension Date: 10-17

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the decision of Step 1 because...

The camera would validate what I said he reviewed it. Doesn't surprise me @ all. I have better things to utilize my time doing other than to make stuff up. However - He doesn't even acknowledge housing us next door to diff. custody levels. Nor does he address placing me in a cell full of cars. A use of force took place the day before I was placed in that cell. The cell was never properly decontaminated. They could easily put B-line as a medical transit block by it self. Again I'll allege that, the tactics deployed are in place to deter us from wanting to go on chain for medical needs.

N/A

Offender Signature: _____

Date: Aug 4th 2017

Grievance Response: _____

Step 1 response appropriate. Please refer to that response. There was no evidence to substantiate your allegations. No further action is warranted.

Signature Authority: _____

STEVE MASSIE
ASST. REGIONAL DIRECTOR

Date: OCT 17 2017

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____